



COMMITTEE & PROGRAM DIRECTOR FINAL RECOMMENDATIONS

Submit completed form to gradcompletion@mcw.edu on the degree completion date .

STUDENT INFORMATION

LAST _____ FIRST _____ MIDDLE INITIAL _____

PROGRAM _____

ANTICIPATED DEGREE DPH MA (THESIS) MS PhD

ORAL DEFENSE DATE _____ DEGREE COMPLETION DUE DATE _____

COMMITTEE RECOMMENDATIONS

Below each committee member and the committee chair need to appear on both the completion of the oral defense and final version of the dissertation or thesis .

	Printed Name	Signature	Date	Approve	Deny*
Committee Member					
Committee Member					
Committee Member					
Committee Member					
Committee Member					

Committee Member

					Deny*
Member (Committee Chair)					

*Deny explanation(s):

PROGRAM DIRECTOR RECOMMENDATION

Upon review of the committee and committee chair recommendations above, and review of program specific elements for this student, I recommend the Graduate School:

And the degree Not and the degree

NAME _____ SIGNATURE _____ DATE _____

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